STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Iowa Department of Health and Human Services Child Abuse Prevention Program Advisory Committee (CAPPAC) Membership Application

(DEFINED IN IOWA CODE, CHAPTER 217.3A)

Date:_____

Name: _____

Mailing Address: _____

_____

_____

_____

Current Employer: _____

Telephone Number(s): (H) _____ (W) _____

(C) _____ (ALT) _____

Email 1: _____

Email 2: _____

Position you are eligible to represent (check all that apply):

_____ A professional with expertise in child abuse and neglect (prevention or intervention)

_____ A current or prior consumer of services (child welfare or prevention/family support)

_____ A citizen interested in child abuse prevention services in Iowa

CHILD ABUSE PREVENTION PROGRAM ADVISORY COMMITTEE (CAPPAC)
OPTIONAL DEMOGRAPHIC INFORMATION

County (Reside and/or Work): *(optional)** _____

Gender: *(optional)**

_____ Male _____ Female _____ Non-conforming

Consumer: *(optional)**
Have you ever been a consumer of child welfare or child abuse prevention services?

_____ No ___Yes

Race (check all that apply): *(optional)**

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Ethnicity: *(optional)**

_____ Hispanic or Latino _____ Not Hispanic or Latino

**Note: While these categories are optional for applicants to be considered for appointment, applicants may receive additional points in application scoring in order to promote a diverse and well represented committee.*

What is your background?

What has prompted your interest in being appointed to this advisory committee?

Discuss any experience you have in program development, particularly as it relates to the prevention of child abuse or neglect?

Are you involved in any other legislatively mandated councils, committees, boards, or advisory groups?

What has prompted your interest in being appointed to this advisory committee?

Are you able to attend quarterly committee meetings (in person and/or via telephone), with adequate advance notice, in the Des Moines area? If you are appointed to the committee, are you able to commit to serving the full 3-year membership term?